

ASSISTIVE TECHNOLOGY TRIAL PLAN - EVALUATION OF EFFECTIVENESS

Student's name: _____ Grade: _____ School: _____

Date: _____ Team members present: _____

The intent of this document is to guide planning about how the use of assistive technology will be evaluated.
This document will help the team create a shared vision of the process for data collection.

1. Area(s) of concern:

- | | | |
|--|---|---|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Activities of Daily Living | <input type="checkbox"/> Math/Computation |
| <input type="checkbox"/> Listening/Hearing | <input type="checkbox"/> Recreation/Leisure/P.E. | <input type="checkbox"/> Daily Organization |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Reading | <input type="checkbox"/> Transitions |
| <input type="checkbox"/> Positioning/Seating | <input type="checkbox"/> Writing (mechanics) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Writing (composition) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Environmental Adaptations | <input type="checkbox"/> Computer Access | <input type="checkbox"/> Other: _____ |

2. What **task(s)** does the student need to do that s/he is unable to do?

3. What is the present level of performance (baseline data) related to the **task(s)**?

4. Describe strategies and/or accommodations that have been implemented or tried (including the previous school year) specific to the identified task(s). Briefly describe the results.

5. What aspects are expected as a result of assistive technology implementation?

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Speed | <input type="checkbox"/> Quality | <input type="checkbox"/> Energy expended |
| <input type="checkbox"/> Accuracy | <input type="checkbox"/> Satisfaction | <input type="checkbox"/> Quantity |
| <input type="checkbox"/> Duration | <input type="checkbox"/> Level of support | <input type="checkbox"/> Independence |
| <input type="checkbox"/> Frequency | <input type="checkbox"/> Value to student | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Latency | <input type="checkbox"/> Interest | <input type="checkbox"/> Participation |

The student will be able to _____.

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6. What obstacle may inhibit success?

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Physical access | <input type="checkbox"/> Skill | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Opportunity | <input type="checkbox"/> Attitude | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Instruction/practice | <input type="checkbox"/> Availability of technology | |
| <input type="checkbox"/> Student preference | <input type="checkbox"/> Medical | |

Describe:

7. What format will be used to collect the data?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Report (self/other) | <input type="checkbox"/> With/without samples | <input type="checkbox"/> Work samples |
| <input type="checkbox"/> Observations | <input type="checkbox"/> Video recordings | <input type="checkbox"/> Tally charts |

Describe:

8. What is the data collection plan?

Environment(s): _____

Activity: _____

Tool(s) to be tried: _____

Frequency: _____

Person(s) responsible:

Securing Equipment: _____

Data Collection: _____

Data Analysis: _____

Review date(s): _____

9. Additional Comments: